CPHVA RESPONSE TO NATIONAL MAPPING OF FAMILY SERVICES IN ENGLAND AND WALES CONSULTATION DOCUMENT

The Community Practitioners' and Health Visitors' Association is an autonomous section of the MSF Trade Union with 18,000 members. It is the third largest professional nursing union and is the only union which has public health at its heart. We welcome the opportunity give feedback on this document and would comment as follows:-

We are pleased to note that the document has been produced that considers family and children services in one document. This is a good basis for ensuring preventative services and early family support are appropriately provided. It is good to see that the important role health visitors play in supporting families has been recognised.

We were pleased to note the role of a universal service was promoted. It is also important to focus on need and provide an overview of services.

The CPHVA is in agreement that the Sure Start model is on the whole comprehensive but there is a downside to the model in that it is not universal. We would hope that, when it is evaluated, there will be a roll out of successful parts.

Can antenatal and post-natal services to parents be improved with the use of midwife assistants and volunteers?

The CPHVA feels that antenatal and post-natal services can be improved with pro-active planning and development of roles. Also, midwives and health visitors need to be used in an improved and different way particularly with regards to skill mix.

Should the role of health visitors be expanded across the child age spectrum, and how might that be resourced?

The resource management implications of providing this level of service was not specifically addressed. It is clear there needs to be more investment in first level preventative services and an acknowledgement made of the resource implications. It appears that often these preventative services are the first to be cut when reduction of services is required. This is often not appropriate eg; health visitors supporting postnatal mothers.

In 7.5.1, it is implied that to expand the work health visitors do with over-fives would enable the reduction of postnatal visits and that this role could shift to midwives. We believe that this is inappropriate as the health visitor team will have wider family/sociological framework of practice, that is not centred upon physical, psychological and maternal and child well-being. We also noted that ante-natal care and classes were centred around the midwife, the role of health visitors was lacking.

In paragraph 7.51, we feel that there should be an addition to indicate that postnatal services should be expanded in order to make use of health visitor support workers and to increase the input of midwives.

In some areas, the role of the health visitor is already expanded across the child age spectrum but role boundaries need to be clarified to ensure that the service is both appropriate and comprehensive. Each practitioner should also be clear as to what their role should involve.

Is providing information to parents at key points in their children's education sensible and feasible? Should other venues be used? Who would run the sessions? Should separate provision be made for particular groups of parents?

Providing parents with information at key points is sensible and feasible. There are a variety of venues within communities both statutory and non-statutory, for example; schools and health and fitness clubs. Courses could be provided by a range of professionals, such as the school nursing service out of term time.

Is the development of couple counselling and marriage preparation services a priority in your area? Should it be?

There are examples where health visitors are trained to provide these services. It would be beneficial if these services were universally available.

What priorities would you give to the development of more specialist services in your area?

The priorities that the CPHVA feel should be developed are earlier health visitor intervention and also more universal support for families.

What can be done to combat public perception that seeking family support represents failure? How can services respond to that perception?

If family support was made universally acceptable and programmes were planned for families alongside preventative management strategies then this may help to change the perception that people have of seeking family support.

How can parents access more specialist services: should such services be open access or through referral?

A range of venues should be available within communities that should have open access.

Should there be more services specifically targeted at previously excluded groups, for example, fathers and asylum seekers, or should priority be given to improving access to existing services?

There should be more services targeted to specific marginalised groups together with recognition that they have different needs.

Should parents be charged for more specialist services?

This service should be free at the point of entry wherever possible. However, we recognise that this may not be a realistic or manageable way forward in all situations. Should a payment system be introduced, it should not exclude those who are most likely to need it.

Should all family support services be accredited through a national accreditation scheme?

The CPHVA feels that it would be a good idea to have regulation and quality standards for the support services which are specialised.

Should staff employed to run parenting courses be trained in parent education? Should parents who run self-help parenting courses or groups be required to undergo training?

It should be compulsory for staff running courses to make a declaration if they are neither accredited, nor do they have any formal training. However, the value of experiential learning should be acknowledged.

Parenting should never be solely provided by qualified professionals. Parents can, and must, support each other eg; Parentline Plus.

What is your view of a light-touch kite marking system?

It must be ensured that a system is put in place which will identify safe services.

How will training for providers of parent education be resourced?

Training resources should be identified from the National Service Framework for Children's Taskforce.

Planning and resources

Should planning for children's services and family services be merged into one plan?

The disadvantage of such a merge could be that there is a risk that the needs of the children may be lost or diluted. On the other hand, the advantage could be that it will allow a more comprehensive and common sense approach service to be developed.

Should there be a unified children and family plan at Government level? Should the Children and Young People's Services Cabinet Committee and the Ministerial Group on the Family be merged?

Such a merge may be appropriate in the future and the Government's cross cutting review may help to give further information on this plan.

Is a Family Services Co-ordinator necessary?

A Family Services Co-ordinator would need to maintain an overview of provision, gaps in service and quality across the local authority boundaries.

What would reduce the burden of planning fatigue?

The burden of planning fatigue could be reduced if there is also a reduction in short-life projects and an investment in these types of services as mainstream universal services.

We hope that the views of the CPHVA will be of use to you in making recommendations for the way forward.